

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	74		3/18/02
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	Dm	72283	5-18-W
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) .. Canceled  
 + ..... Restricted

N .....  
I .....  
A .....  
O .....

Not Received  
Incomplete  
Appeal  
Objected

Claim	Final	Original	Date
1	✓	✓	1-28-03
2	✓	✓	8/30/03
3	✓	✓	1/24
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
11	✓	✓	
12	✓	✓	
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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